

# ANNUAL SUBJECT INDEX OF ARTICLES

JANUARY THROUGH DECEMBER 1981

Each listing shows the title of a major article or short article, the latter in italics. The first two figures following the title indicate the date of the issue, and the last figure indicates the number of the page upon which the article begins. MEDICAL ECONOMICS will send physicians

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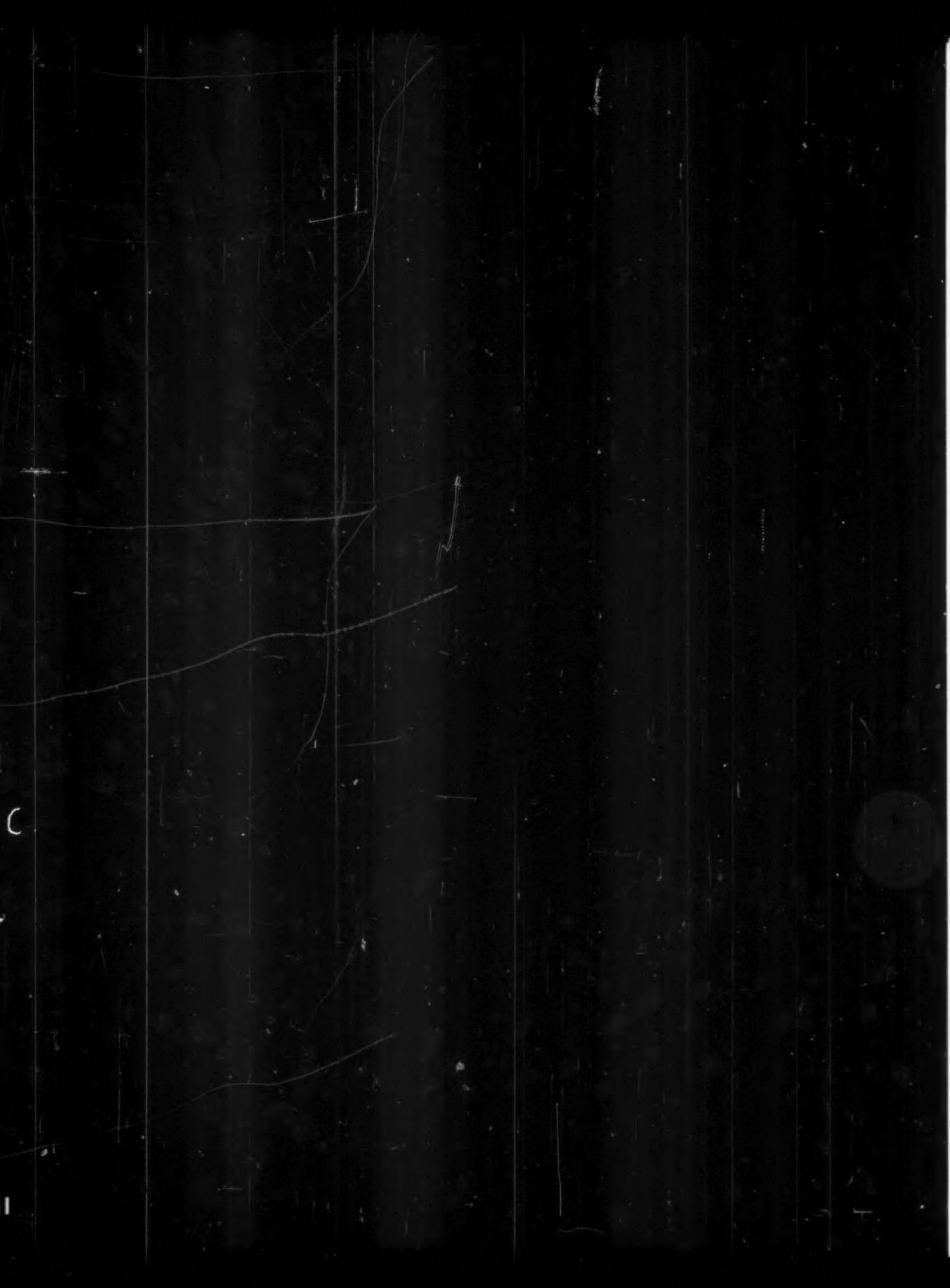
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When  
**impotence**  
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Additional indications: Replacement therapy. When androgen deficiency is the cause of: male climacteric/eunuchoidism, eunuchism/post-pubertal cryptorchidism.

**DESCRIPTION:** Methyltestosterone is 17 $\beta$ -Hydroxy-17-Methylandroster-4-en-3-one. **ACTIONS:** Methyltestosterone is an oil soluble androgenic hormone. **INDICATIONS:** In the male: 1. Eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deficiency. 3. Impotence due to androgenic deficiency. 4. Post-pubertal cryptorchidism with evidence of hypogonadism. Cholestatic hepatitis with jaundice and altered liver function tests, such as increased BSP retention, and rises in SGOT levels, have been reported after Methyltestosterone. These changes appear to be related to dosage of the drug. Therefore, in the presence of any changes in liver function tests, drug should be discontinued. **PRECAUTIONS:** Prolonged dosage of androgen may result in sodium and fluid retention. This may present a problem, especially in patients with compromised cardiac reserve or renal disease. In treating males for symptoms of climacteric, avoid stimulation to the point of increasing the nervous, mental, and physical activities beyond the patient's cardiovascular capacity. **CONTRAINDICATIONS:** Contraindicated in persons with known or suspected carcinoma of the prostate and in carcinoma of the male breast. Contraindicated in the presence of severe liver damage. **WARNINGS:** If priapism or other signs of excessive sexual stimulation develop, discontinue therapy. In the male, prolonged administration or excessive dosage may cause inhibition of testicular function, with resultant oligospermia and decrease in ejaculatory volume. Use cautiously in young boys to avoid premature epiphyseal closure or precocious sexual development. Hypersensitivity and gynecomastia may occur rarely. PBI may be decreased in patients taking androgens. Hypercalcemia may occur, particularly during therapy for metastatic breast carcinoma. If this occurs, the drug should be discontinued. **ADVERSE REACTIONS:** Cholestatic jaundice • Oligospermia and decreased ejaculatory volume • Hypercalcemia particularly in patients with metastatic breast carcinoma. This usually indicates progression of bone metastases • Sodium and water retention • Priapism • Virilization in female patients • Hypersensitivity and gynecomastia. **DOSEAGE AND ADMINISTRATION:** Dosage must be strictly individualized, as patients vary widely in requirements. Daily requirements are best administered in divided doses. The following is suggested as an average daily dosage guide. In the male: Eunuchoidism and eunuchism, 10 to 40 mg.; Male climacteric symptoms and impotence due to androgen deficiency, 10 to 40 mg.; Postpubertal cryptorchidism, 30 mg. **REFERENCE:** R. B. Greenblatt, M.D., R. W. Hershington, M.D., I. S. Spahnoglu, M.D.: Hormones for Improved Sexuality in the Male and the Female Climacteric. *Drug Therapy*, Sept. 1976. **SUPPLIED:** 5, 10, 25 mg. in bottles of 60, 250. Rx only.

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## EMPRIM® with Codeine Tablets

**DESCRIPTION:** Each tablet contains aspirin (acetylsalicylic acid) 325 mg plus codeine phosphate in one of the following strengths: No. 2-15 mg, No. 3-30 mg, and No. 4-60 mg. (Warning—may be habit-forming.)

Emprim with Codeine has analgesic, antipyretic and anti-inflammatory effects.

**CONTRAINDICATIONS:** Emprim with Codeine is contraindicated under the following conditions:

- (1) hypersensitivity or intolerance to aspirin or codeine;
- (2) severe bleeding, disorders of coagulation or primary hemostasis, including hemophilia, hypoprothrombinemia, von Willebrand's disease, the thrombocytopenias, thrombasthenia and other ill-defined hereditary platelet dysfunctions, as well as such associated conditions as severe vitamin K deficiency and severe liver damage;
- (3) anticoagulant therapy; and
- (4) peptic ulcer, or other serious gastrointestinal lesions.

**WARNINGS:** Therapeutic doses of aspirin can cause anaphylactic shock and other severe allergic reactions. A history of allergy is often lacking.

Significant bleeding can result from aspirin therapy in patients with peptic ulcer or other gastrointestinal lesions, and in patients with bleeding disorders.

Aspirin administered preoperatively may prolong the bleeding time in the presence of head injury or other intracranial lesions, the respiratory depressant effects of codeine and other narcotics may be markedly enhanced, as well as their capacity for elevating cerebrospinal fluid pressure. Narcotics also produce other CNS depressant effects, such as drowsiness, that may further obscure the clinical course of patients with head injuries.

Codeine or other narcotics may obscure signs on which to judge the diagnosis or clinical course of patients with acute abdominal conditions.

### PRECAUTIONS:

General Emprim® with Codeine should be prescribed with caution for certain special-risk patients such as the elderly or debilitated, and those with severe impairment of renal or hepatic function, gallbladder disease or gallstones, respiratory impairment, cardiac arrhythmias, inflammatory disorders of the gastrointestinal tract, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture, coagulation disorders, head injuries, or acute abdominal conditions. Emprim® with Codeine should not be prescribed for long-term therapy unless specifically indicated.

Precautions should be taken when administering salicylates to persons with known allergies. Hypersensitivity to aspirin is particularly likely in patients with nasal polyps, and relatively common in those with asthma. Drug Interactions: Emprim® with Codeine may enhance the effects of monoamine oxidase (MAO) inhibitors, oral anticoagulants, oral antidiabetic agents and insulin, 6-mercaptopurine and methotrexate, penicillins and sulfonamides, non-steroidal anti-inflammatory agents, other narcotic analgesics, alcohol, general anesthetics, tranquilizers such as chlorazepate, sedative-hypnotics, or other CNS depressants, causing increased CNS depression, and corticosteroids.

Emprim® with Codeine may diminish the effects of (1) uricosuric agents such as probenecid and sulfinpyrazone, reducing their effectiveness in the treatment of gout. Aspirin competes with these agents for protein binding sites.

Aspirin and its metabolites may be caused to accumulate in the body, perhaps to toxic levels, by such amino-salicylic acid, furosemide, and vitamin C. Pregnancy: Teratogenic Effects: Pregnancy Category C. Animal reproduction studies have not been conducted with Emprim® with Codeine. It is also not known whether Emprim with Codeine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Emprim with Codeine should be given to a pregnant woman only if clearly needed.

Reproduction studies have been performed in rabbits and rats at doses up to 150 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to codeine.

**Nontherapeutic Effects:** Therapeutic doses of aspirin in pregnant women close to term may cause bleeding in mother, fetus, or neonatal. During the last six months of pregnancy, regular use of aspirin in high doses may prolong pregnancy and delivery.

**Labor and Delivery:** Ingestion of aspirin prior to delivery may prolong delivery or lead to bleeding in the mother or neonate. Use of codeine during labor may lead to respiratory depression in the neonate.

**Nursing Mothers:** Aspirin and codeine are excreted in breast milk in small amounts, but the significance of their effects on nursing infants is not known. Because of the potential for serious adverse reactions in nursing infants from Emprim® with Codeine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

### ADVERSE REACTIONS:

Codeine: The most frequently observed adverse reactions to codeine include light-headedness, dizziness, drowsiness, nausea, vomiting, constipation and depression of respiration. Less common reactions to codeine include euphoria, dysphoria, pruritus and skin rashes.

**Aspirin:** Mild aspirin intoxication (salicylism) can occur in response to chronic use of large doses. Manifestations include nausea, vomiting, hearing impairment, tinnitus, diminished vision, headache, dizziness, drowsiness, mental confusion, hyperpnea, hyperventilation, tachycardia, sweating and thirst. Therapeutic doses of aspirin can induce mild or severe allergic reactions manifested by skin rashes, urticaria, angioedema, rhinorrhea, asthma, abdominal pain, nausea, vomiting, or anaphylactic shock.

Some patients develop nausea or vomiting. Occasional patients respond to large doses with dyspnea or hyperkalemia, which may be accompanied by occult bleeding. Excessive bruising or bleeding is sometimes seen in patients with mild disorders of primary hemostasis who regularly use low doses of aspirin.

Prolonged use of aspirin can cause painless erosion of gastric mucosa, occult bleeding and, infrequently, iron-deficiency anemia. High doses of aspirin can exacerbate symptoms of peptic ulcer and, occasionally, cause extensive bleeding.

Excessive bleeding can follow injury or surgery in patients with or without known bleeding disorders who have taken therapeutic doses of aspirin within the preceding 10 days.

Hepatotoxicity has been reported in association with prolonged use of large doses of aspirin in patients with lupus erythematosus, rheumatoid arthritis and rheumatic disease.

Bone marrow depression, manifested by weakness, fatigue, or abnormal bruising or bleeding, has occasionally been reported.

In patients with glucose-6-phosphate dehydrogenase deficiency, aspirin can cause a mild degree of hemolytic anemia.

In hyperuricemic persons, low doses of aspirin may reduce the effectiveness of uricosuric therapy or precipitate an attack of gout.

**DOSEAGE AND ADMINISTRATION:** Dosage is adjusted according to the severity of pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below when pain is severe or the patient has become tolerant to the analgesic effect of codeine. Emprim® with Codeine is given orally. The usual adult dose for Emprim with Codeine No. 2 and No. 3 is one or two tablets every four hours as required. The usual adult dose for Emprim with Codeine No. 4 is one tablet every four hours as required.

Emprim® with Codeine should be taken with food or a full glass of milk or water to lessen gastric irritation.



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